

Law Practice Invoice

Date: _____
Invoice #: _____

FROM

Law Firm Name

Address Line 1
Address Line 2
Phone: _____
Email: _____

BILLED TO

Client Name
Company (if applicable)
Address Line 1
Address Line 2
Phone: _____
Email: _____

CASE DETAILS

Case Name / Brief Description
Case Number: _____

DATE	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
____/____/____	Consultation	____	____	____
____/____/____	Legal Research	____	____	____
____/____/____	Drafting Documents	____	____	____

Subtotal _____

Tax _____

Total Due _____

Payment terms: _____

Notes: _____

Thank you for your business.